

Attachment H

Proposal # 2001- E-211 (Office Use Only)

**PSP Cover Sheet** (Attach to the front of each proposal)

Proposal Title: Feasibility Study of the Ecosystem and Water Quality Benefits Associated with Restoration of Franks Tract, Big Break, and Lower Sherman Lake  
Applicant Name: California Department of Water Resources  
Contact Name: Curt Schmutte  
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Amount of funding requested: \$ 1,218,105.00

Some entities charge different costs dependent on the source of the funds. If it is different for state or federal funds list below.

State cost \_\_\_\_\_ Federal cost \_\_\_\_\_

Cost share partners? ✓ Yes        No

Identify partners and amount contributed by each. Delta Science Center has allocated \$100,000 from other grants (Coastal Conservancy, Switzer Foundation, San Francisco Bay Fund) to the Study.

**Indicate the Topic for which you are applying (check only one box).**

- |   |   |
|---|---|
| <input type="checkbox"/> Natural Flow Regimes                         | <input type="checkbox"/> Local Watershed Stewardship                |
| <input type="checkbox"/> Nonnative Invasive Species                   | <input type="checkbox"/> Environmental Education                    |
| <input type="checkbox"/> Channel Dynamics/Sediment Transport          | <input type="checkbox"/> Special Status Species Surveys and Studies |
| <input type="checkbox"/> Flood Management                             | <input type="checkbox"/> Fishery Monitoring, Assessment & Research  |
| <input checked="" type="checkbox"/> Shallow Water Tidal/Marsh Habitat | <input type="checkbox"/> Fish Screens                               |
| <input type="checkbox"/> Contaminants                                 |   |
| <input type="checkbox"/> Beyond the Riparian Corridor                 |   |

What county or counties is the project located in? Sacramento and Contra Costa Counties

What CALFED ecozone is the project located in? See attached list and indicate number. Be as specific as possible Delta, Central and West (1.4)

**Indicate the type of applicant (check only one box):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> State agency         | <input type="checkbox"/> Federal agency |
| <input type="checkbox"/> Public/Non-profit joint venture | <input type="checkbox"/> Non-profit     |
| <input type="checkbox"/> Local government/district       | <input type="checkbox"/> Tribes         |
| <input type="checkbox"/> University                      | <input type="checkbox"/> Private party  |
| <input type="checkbox"/> Other: _____                    |   |